

# Implementation of Point of Care Viral Load Monitoring: research among Children, Adolescents and Young People Living with HIV in Tanzania

# BACKGROUND AND OBJECTIVES

- Tanzania's current HIV management guidelines prescribe the use of routine viral load testing for all those on ART, regardless of age or disease stage (MOHCDGEC, 2017).
- One of the barriers to routine VL monitoring is the centralized VL monitoring used, as it is associated with delays in receiving results, transport challenges, mislabelling of samples and misplacing results.
- Point of care testing (PoC) has the potential to improve the monitoring of viral load suppression



To examine the feasibility and acceptability of PoC viral load monitoring among children, adolescents and young people living with HIV in Tanzania



# OBJECTIVES

- To assess the acceptability of the implementation and scale-up of PoC VL monitoring from the perspective of children, adolescents and their caregivers.
- To assess the factors that may affect the implementation of PoC VL monitoring from the perspective of healthcare workers and policymakers.
- To assess potential barriers and facilitators to implementing and scaling PoC VL monitoring among children and adolescents living with HIV.
- To assess the cost-effectiveness of PoC VL monitoring.



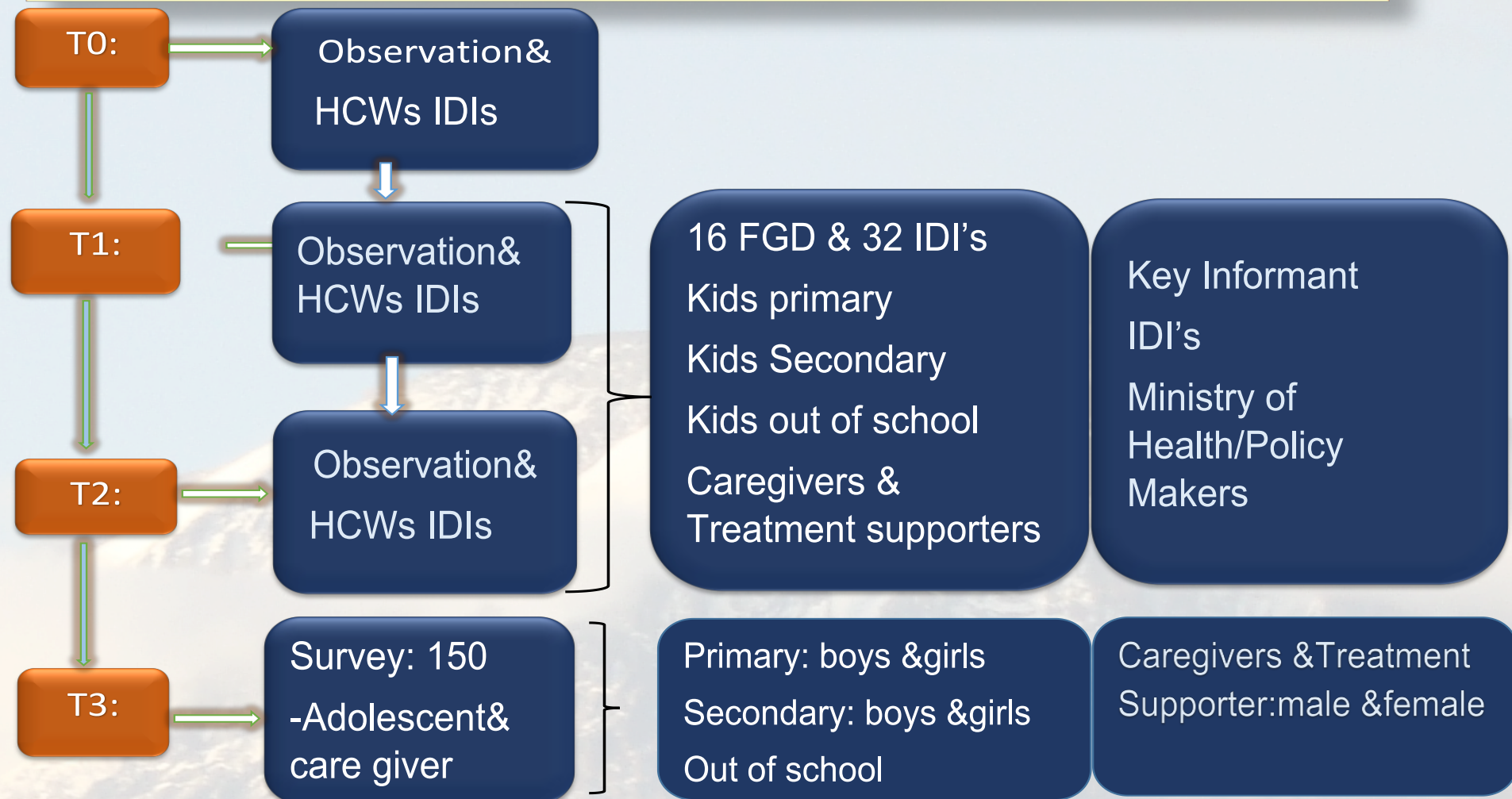
# METHODOLOGY

- Mixed methods research
- Participant observation, IDI with health providers (T0, T1, and T2)
- Mixed methods approach on end-users
  - FGD (T1 and T2)
  - IDI (T1 and T2)
  - Survey-year 3
- IDI with ministry of health/policymakers



# SCHEMATIC DIAGRAM

## Data collection Plan WP2





# SITES

NIMR	KCRI
Sinza Hospital- Dar es Salaam	Majengo HC-Moshi
Amana Hospital-Dar es Salaam	Mawenzi Hospital-Moshi
	Pasua HC- Moshi
	Hai Hospital-Hai

# INCLUSION CRITERIA

- Aged  $\leq 24$  years.
- Documented evidence of HIV infection.
- Receiving ART for treatment of HIV infection for at least 6 months.
- Has had a detectable VL of  $>1000$  copies/ml in the last 6 months.
- Guardian, parent or legal representative able and willing to give voluntary consent and sign/mark an informed consent document.
- Willing and able to comply with protocol requirements/study procedures.



# THEORETICAL FRAMEWORK

Sekhon Framework for Acceptability

Fleuren Framework for Feasibility



## Acceptability

**A multi-faceted construct that reflects the extent to which people delivering or receiving a healthcare intervention consider it to be appropriate, based on anticipated cognitive and emotional responses to the intervention**

### **Affective Attitude**

How individual feels about the intervention

### **Burden**

Perceived amount of effort to participate in the intervention

### **Ethicality**

The intervention has a good to fit with an individual's value system

### **Intervention Coherence**

Participant understands the intervention and how it works

### **Opportunity Costs**

Benefits, profit, values must be given out to engage in the intervention

### **Perceive Effectiveness**

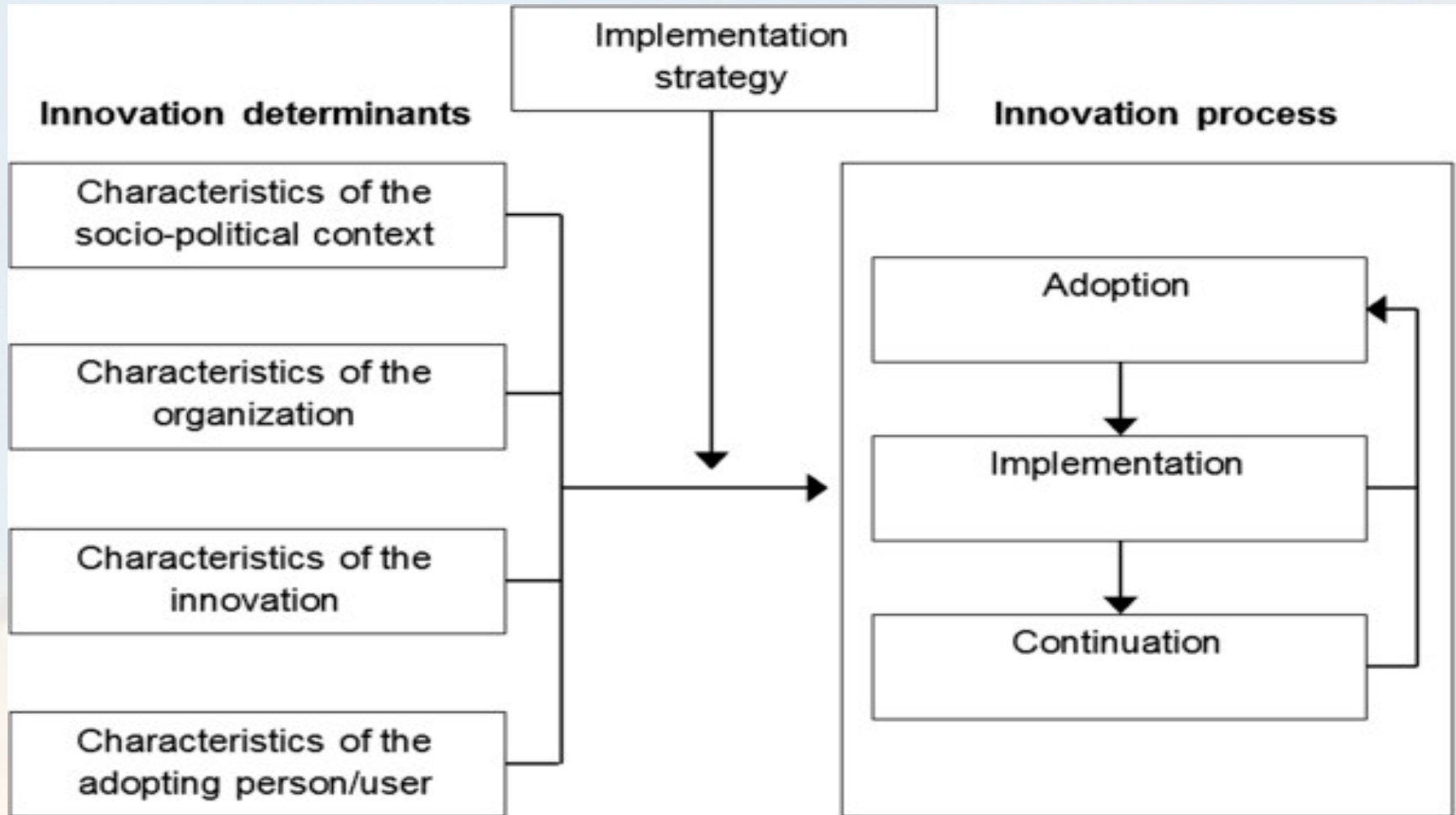
The intervention perceived as likely to achieve its purpose

### **Self-efficacy**

Participants confidence they can perform behaviors to participate in the intervention



# FLEUREN FRAMEWORK



# PRELIMINARY FINDINGS

- Healthcare workers are not aware of the PoC test
- Limited availability of trained personnel to perform PoC test
- Scarcity of labour and enough room for PoC and SoC practices
- No hospital guidelines regarding PoC
- No formal inclusion of PoC in policy documents



# ACKNOWLEDGEMENT

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## MRC/UVRI and LSHTM Uganda Research Unit



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